



The State of New Hampshire Insurance Department

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TDD Access: Relay NH 1-800-735-2964

Paula T. Rogers
Commissioner

Alex Feldvebel
Deputy Commissioner

New Hampshire Insurance Department CERTIFICATION OF COMPLIANCE

Company Name _____ to the best of its knowledge and belief does hereby certify that the accompanying form(s) as identified by the listing attached hereto, does (do) comply with all sections of the New Hampshire Insurance Code and Parts applicable to such insurance policies and related forms, and will be so construed, and agrees that when any provision in a policy subject to Title XXXVII or any insurance part is in conflict with said title or part, said provision will be stricken and that the rights, duties, and obligations of the insurer, the insured and the beneficiary shall be governed by the applicable statutes and parts, and does further certify that:

1. The form(s) does(do) not contain any inconsistent, ambiguous or misleading clauses:
2. The form(s) does(do) not contain specifications or conditions that unreasonably or deceptively affect the risk purposed to be assumed in the general coverage of the contract, policy or certificate:
3. The only variations from the usual provisions of insurance policy or certificate forms of this kind or other documents attachable to a basic contract are clearly marked or otherwise indicated on page(s) ____ of the attached form(s):
4. The attached form(s) is(are) in final printed format and is(are) exactly as will be offered for sale:
5. The attached form(s) does(do) not contain any provision, clause or concept previously disapproved by the New Hampshire Insurance Department.

Dated _____

Name of Company

by: _____
(Title of person signing)